Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: DOWNTOWN PERFORMANCE MEDICAL CENTER 3033 FANNIN STREET HOUSTON TX 77004	MFDR Tracking #: M4-10-3026-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE COMPANY Box #: 54	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "A report of the telephone conversation was submitted with the bill. The telephone conversation was within the time frame specified to bill this code, (11-20 minutes)."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Telephone Record of Conversation
5. Total Amount Sought - $35.00

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Texas Mutual Insurance Company reviewed the requestor's TWCC-60 PACKET and has concluded to pay the disputed service."

Principal Documentation:

1. Response Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
06/01/09	99442	N/A	$35.00	$0.00
			Total Due:	

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The disputed services were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 07/30/09 noted claim reduction codes:

- CAC-W1 – Workers Compensation State Fee Schedule adjustment
- CAC-16 – Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code.)
- 225 –The submitted documentation does not support the service being billed. We will re-evaluation this upon receipt of clarifying information.

- 892 – Denied in accordance with DWC rules and/or Medical Fee Guideline.

Explanation of benefits dated 08/25/09 noted claim reduction codes:

- CAC-W1 – Workers Compensation State Fee Schedule adjustment
- CAC-W4 – No additional reimbursement allowed after review of Appeal/Reconsideration.
- 891 –The insurance company is reducing or denying payment after reconsideration.
- 892 – Denied in accordance with DWC rules and/or Medical Fee Guideline.

Issues

1. Does the requestor's documentation support the service billed?
2. Is this requestor entitled to reimbursement?

Findings

1. The respondent denied the disputed telephone call as documentation does not support the service billed. Review of the submitted documentation finds: (1) The details of the telephone call notes states, "Pt reports that he has no place to live. He is living out of car. That he is trying to stay in car. Pt greatly distressed, angry. Doesn't have $ for gas. Has to protect his things in the car."; (2) The descriptor for CPT code 99442 states, "Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours for soonest available appointment; 11-20 minutes of medical discussion.". In accordance with 28 Tex. Admin. Code §134.204(e)(1)(B) "Team conference and telephone calls must be outside of an interdisciplinary program. Documentation shall include the purpose and outcome of conference and telephone calls, and the name and specialty of each individual attending the team conference or engaged in a phone call." In accordance with 28 Tex. Admin. Code §134.204(e)(2) "Team conference and telephone calls should be triggered by a documented change in the condition of the injured employee and performed for the purpose of coordination of medical treatment and/or return to work for the injured employee." Review of the documentation submitted, the division finds failure to support discussion for the purpose and outcome of telephone call in accordance to 28 Tex. Admin. Code §134.204(e)(1)(B) and failure to support discussion of a documented change in the condition of the injured employee and performed that the telephone call was for the purpose of coordination of medical treatment and/or return to work for the injured employee in accordance to 28 Tex. Admin. Code §134.204(e)(3).

2. Accordingly, the documentation submitted does not sufficiently support service billed and no reimbursement is recommend.

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is $0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the services involved in this dispute.

Authorized Signature	Medical Fee Dispute Resolution Officer	04/27/2010 Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed $2,000. If the total amount sought exceeds $2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.